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AUG 23 2005

PTO/SB/22 (12-04)

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) | | | | | | | | | | | | | | | | | | |
|---|----------------------------|--------------------------|--|-----|------------------|---|-------|------|---|-------|-------|---|--------|-------|--|--------|-------|--------------------------------------|--|--|
| FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> | | | | | | | | | | | | | | | | | | | | |
| Application Number | 10/708,392 | Filed 2/27/04 | | | | | | | | | | | | | | | | | | |
| For Lydia Katrina Woltz | | | | | | | | | | | | | | | | | | | | |
| Art Unit | Examiner Meislin, Debra S. | | | | | | | | | | | | | | | | | | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | | | | | | | | | | | | | | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | | | | | | | | | | | | | | | | | |
| <table> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120</td> <td>\$60</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$450</td> <td>\$225</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1020</td> <td>\$510</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1500</td> <td>\$750</td> </tr> <tr> <td><input type="checkbox"/> Five months</td> <td></td> <td></td> </tr> </tbody> </table> | | | | Fee | Small Entity Fee | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1500 | \$750 | <input type="checkbox"/> Five months | | |
| | Fee | Small Entity Fee | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1500 | \$750 | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Five months | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Applicant claims small entity status <input type="checkbox"/> A check in the amount of \$60.00 is enclosed <input type="checkbox"/> Payment by credit card <input type="checkbox"/> The Director has a deposit account at Wachovia Bank, N.A. <input type="checkbox"/> The Director is her deposit account number _____ WARNING: Information provided on this form is subject to inspection by the USPTO. Provide credit card information if you are requesting an extension of time under 37 CFR 1.136(a). | | | | | | | | | | | | | | | | | | | | |
| <p style="text-align: center;">LYDIA K. WOLTZ GARD 063679202 2368 CONNALLY-DRIVE EAST POINT, GA 30344</p> <p style="text-align: center;">PAY TO THE Commissioner for Patents <i>Lydia K. Woltz</i> WACHOVIA BANK, N.A. WACHOVIA.COM 1 Month Ext Fee (60.00) 06100022710002859025821 2644</p> <p style="text-align: right;">64-22-610 2644 DATE 8/23/05 DOLLARS & CENTS</p> | | | | | | | | | | | | | | | | | | | | |
| <p>I am the <input checked="" type="checkbox"/> applicant <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p> <p><i>Lydia K. Woltz</i> Signature</p> | | | | | | | | | | | | | | | | | | | | |
| Typed or printed name | | Telephone Number | | | | | | | | | | | | | | | | | | |
| <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p> | | | | | | | | | | | | | | | | | | | | |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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